

# Salumed 5th Avenue Pharmacy

## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Uses and Disclosures of Protected Health Information

We may use and disclose your protected health information for treatment, payment, and health care operations. Treatment includes providing pharmaceutical services, dispensing prescription medications, counseling, and coordinating care with other health care providers. Payment includes billing and collection activities. Health care operations include quality assessment, employee training, licensing, audits, and general business administration.

We may contact you to provide refill reminders, information about treatment alternatives, medication therapy management services, or other health-related benefits and services.

### Permitted or Required Uses and Disclosures

We may disclose your protected health information without your authorization as required or permitted by law, including for public health activities, health oversight activities, judicial or administrative proceedings, law enforcement purposes, workers' compensation, national security, emergency situations, and to avert a serious threat to health or safety.

### Your Rights

You have the right to inspect and obtain a copy of your protected health information, request amendments, request restrictions on certain uses or disclosures, request confidential communications, and receive an accounting of certain disclosures. Requests must be submitted in writing.

You may be charged a reasonable, cost-based fee for copies as permitted by law.

### Restrictions and Confidential Communications

You may request restrictions on certain uses or disclosures of your protected health information. We are not required to agree to all requests. You may also request that communications be made in a specific manner or at an alternative location.

### Amendments to Health Information

If you believe that information in your record is incorrect or incomplete, you may request an amendment. We may deny your request under certain circumstances and will provide you with a written explanation.

### Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your protected health information made for purposes other than treatment, payment, or health care operations.

### Our Duties

We are required by law to maintain the privacy of your protected health information, provide you with this Notice, follow the terms of the Notice currently in effect, and notify you if a breach of unsecured protected health information occurs.

### Changes to This Notice

We reserve the right to change this Notice and make the revised Notice effective for all protected health information we maintain. The revised Notice will be available upon request and posted in the pharmacy.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

### **Privacy Officer Contact Information**

Tomas Diaz, Privacy Officer

Salumed 5th Avenue Pharmacy

1805 5th Ave, Suite B

Bay Shore, NY 11706

Phone: (631) 231-4960

Effective Date: November 21, 2022